



IDSS rolls out thanks to collaboration and development

By John Satre*



The IDSS is Iowa's disease surveillance piece of a national network of information systems that falls under the Public Health Information Network initiative spearheaded by the national Centers for Disease Control and Prevention.

It was a crisp but sunny morning when Iowa Department of Public Health (IDPH) colleague Ellen Warner and I visited Storm Lake on Nov. 30, 2004. Although northwest Iowa had so far escaped an outbreak of whooping cough, much of the rest of the state was struggling to contain a rapidly expanding number of cases. Eventually, the 2004/2005 pertussis outbreak would dwarf levels not seen in Iowa since 1950, affecting 90 of Iowa's 99 counties.

The reason for the visit to the Buena Vista Regional Medical Center that day was to learn about the steps infection control practitioners take every day to identify, report, and investigate cases of notifiable disease. It was the first of eight site visits to hospitals, labs, and local public health agencies across the state with the ultimate goal of creating a time-saving, Web-based tool for conducting this important work. That tool, the [Iowa Disease Surveillance System](#) (IDSS), became a reality in October when the IDPH [Center for Acute Disease Epidemiology](#) (CADE) began using the new system.

"There was so much to consider during this project," said CADE Nurse Epidemiologist Judy Goddard. "As the countless details of surveilling over 50 different notifiable diseases were brought together, we knew this project was going to be much larger than originally anticipated. But the new electronic system will allow local public health agencies, hospital infection control staff, and CADE to work better together."

Although a simple electronic database had been employed in CADE since 1991, the majority of surveillance information remained in paper form, making it difficult to quickly analyze specific risk factors in time to derail outbreaks. Collaboration and consultation about specific pockets of infection had to be done by telephone using hand-written notes to share details like close contacts, often taxing public health resources to the limit.

The IDSS will be used by 494 enrolled users, will improve capacity to rapidly analyze investigation data, and will enhance understanding of the source of infectious disease clusters. In turn, this will allow the department to partner better with local public health to prevent and contain disease outbreaks like that of pertussis in 2004/2005. A set of basic reports (which will continue to grow in the months ahead) allows hospitals, labs, and local public health agencies direct access to information about disease activity in their jurisdictions as well as general information about statewide activity.

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Several layers of security protect the confidential information contained in the IDSS. While installation is role-specific at each facility to limit access to information on a need-to-know basis, the flow of information is largely automated. "During a training session, you really notice the wheels start turning when a local public health user sees a new case instantaneously appear that was just created by a lab user in the next seat over," said Region I Epidemiologist Chris Galeazzi.

(Cont. from page 1)

Input on the new system by a cross-section of 13 small, medium, and large facilities across the state provided the foundation for several sessions of the workgroup that helped develop the IDSS. Made up of representatives from hospitals, local public health, and the Iowa Department of Public Health, the workgroup sessions during early 2005 established some of the basic ideas about how the new surveillance system should work. Additionally, the learning process helped tighten and streamline several procedures within CADE and triggered a thorough review of investigations, which are guided primarily by the Case Report Form for each notifiable disease. Each of the previously used, paper-based Case Report Forms were re-designed and integrated into the IDSS, meaning the incorporation of well over 1,000 unique data elements.

"I think there has been much anticipation about the IDSS," said Region 2 Epidemiologist Matt Hobson. "Given our need for rapid and secure reporting of infectious diseases, the IDSS will be a welcome advance in public health."

Throughout the coming months, the application will be released to different groups of users across the state in such a way to ensure that each new set of users has sufficient support from CADE in making a smooth transition from current practices to the new system. In addition, the tuberculosis program is scheduled to begin using IDSS at the beginning of 2009. Development to integrate STD surveillance is nearing its final stages and will be ready for implementation in 2010. For more information, visit www.idph.state.ia.us/adper/idss.asp or contact John Satre at jsatre@idph.state.ia.us.

** John Satre is the coordinator of the IDSS at IDPH.*

BRFSS highlights changes in the health of Iowans

By Don Shepherd *

How many Iowans report they have high blood pressure? The most ever measured. How many have been told their cholesterol is high? Unfortunately, Iowa broke this record also in 2007. But wait! The single biggest cause of preventable death is now lower than it has ever been! What is it? And how about flu shots? Are more people getting them or fewer?

The answers to these questions and more appear in the [2007 Behavioral Risk Factor Surveillance System \(BRFSS\) Report](#). Published by the Iowa Department of Public Health (IDPH) in October, the findings are the result of 5,428 telephone interviews conducted in English and Spanish between January and December 2007.

“A cornerstone to public health is developing an understanding among ourselves, our partners and the people we serve that certain health-related behaviors are critical indicators of personal and community health,” said IDPH Director Tom Newton. “As public health professionals, it is incumbent upon us to pay close attention to the BRFSS. It tells us a story we are very much a part of.”

Highlights of this year’s BRFSS include:

Cardiovascular Health

In 2007, 26.8 percent of all respondents reported ever being told they had high blood pressure. This is a substantial increase from the 24.5 percent reported in 2005. This is the highest prevalence of high blood pressure that has ever been reported in this survey. Of respondents who had their cholesterol tested, 37.8 percent reported that they had ever been told by a doctor or other health professional that their blood cholesterol was high. This is an increase from the 35.6 percent found in 2005. This is the largest percentage of high cholesterol ever reported in this survey. The long-term trend in high cholesterol has been steadily higher for the past several years.

Overweight/Obesity

Although the percent overweight is about the same as in 2006, the percent obese and the percent of overweight and obese combined are much higher. In 2007, 64.7 percent were either overweight or obese. In 2006, 63 percent reported being either overweight or obese. This continues a long trend of increasing overweight and obesity. While this is not statistically significant for overweight and obesity combined, it is for obesity alone (27.7 percent in 2007 versus 25.7 percent in 2006).

Smoking

Of all respondents surveyed in 2007, 19.8 percent reported being a current smoker. This was a decrease from the 21.4 percent found in 2006 and is the lowest prevalence ever reported in this survey. When asked about



The BRFSS is an ongoing statewide telephone health survey of adults ages 18 years and older. It is conducted in all 50 states, three territories, and the District of Columbia.

BRFSS highlights changes in the health of Iowans

attempts to quit smoking, 55.5 percent of Iowa's current smokers reported they quit smoking for a day or more during the past year. This is a substantial increase from 49.2 percent in 2006.

(Cont. from page 3)

Influenza Immunizations

In 2007, among all adults, 44.6 percent had a flu immunization in the past 12 months. This was either in the form of a flu shot or a FluMist nasal spray. This is up substantially from 38.6 percent reporting being immunized in 2006. The rate of 74.6 percent of flu immunization in people age 65 and over was also up from 2006, though not significantly, and the second highest ever seen in the survey. In 2007, 26.3 percent of all Iowan adults had a pneumonia vaccination. This is higher than the 24.5 percent figure from 2006. Oddly, this increase was not found among people ages 65 and over for whom the shot is recommended.

Other important findings in the report relate to colorectal cancer screening, amounts of physical activity, gambling, HIV testing, general health status, health care coverage, and the prevalence of diabetes, binge drinking, and asthma. To read the report online, visit www.idph.state.ia.us/brfss.

** Don Shepherd is the BRFSS coordinator at IDPH.*

Thirty-six local agencies take part in vaccination exercise

By Alex Carfrae*

As local public health departments provide influenza vaccine to Iowans this flu season, they're not only helping people stay healthy, they're also helping the state prepare for future disease outbreaks. The Iowa Department of Public Health (IDPH) is teaming up with local public health departments to use their seasonal influenza clinics as a training exercise to improve their capability to vaccinate large numbers of people in the event of a public health emergency such as pandemic influenza.

Although IDPH requested participation from at least eight local agencies, 36 volunteered and will be participating in the exercise. Jane Condon of the Calhoun County Health Department emphasized how the exercise will help both state and local partners. "We feel this is a great test of not only how quickly we can deliver vaccinations, but also get that information to the state."

The exercise will test each local agency's ability to provide vaccine to their patients in a timely manner, and then enter the vaccinations into the state's [Immunization Registry Information System](#) (IRIS) to track doses administered during flu clinics. Once the patient data for a flu clinic is entered into IRIS at the local agency, IDPH immunization program staff will verify the data then send it to the [U.S. Centers for Disease Control and Prevention](#) for analysis of where and when influenza vaccinations are taking place. Each of Iowa's six public health regions will receive bioterrorism preparedness funding for participating in this exercise.



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Thirty-six local agencies take part in vaccination exercise

"This will be a great opportunity to evaluate seasonal influenza clinics and to make enhancements to the process," said IDPH Bureau of Immunization and Tuberculosis Chief Don Callaghan. "By taking a look at clinics during non-emergencies, we will be better prepared if the need arises for mass immunization clinics."

(Cont. from page 4)

The local flu clinics are set up like mass dispensing clinics during an emergency. "This experience in vaccinating a large number of people in a very short amount of time is a great hands-on exercise," said IDPH Center for Disaster Operations and Response Bureau Chief Rebecca Curtiss. "If a real health emergency were to happen, the local agencies will know exactly what to expect and how to react." Participating agencies will work with IDPH to track how many, when and where flu vaccinations are taking place. In the event of a large-scale outbreak of seasonal influenza or pandemic influenza, this information would be critical.

** Alex Carfrae is the risk communications officer at IDPH.*

Creating a Shared Vision for Health Literacy in Iowa

By Mary Ann Abrams & Barb Savage*

As part of its 2008 Pfizer Medical and Academic Partnership award, Iowa Health System recently hosted two events to lay the groundwork for an independent center for health literacy excellence in Iowa. At a reception on Oct. 1, Iowa Health System President/CEO Bill Leaver welcomed Governor Chet Culver, Pfizer Visiting Professor in Health Literacy Dr. Nicole Lurie of the RAND Corporation, Iowa Department of Public Health Director Tom Newton and Archie Willard of New Readers of Iowa, as they expressed their support for establishing an Iowa center for health literacy.

"Low health literacy is one of the least recognized yet most widespread challenges to achieving better health outcomes and lowering health care costs in the United States," said Gov. Culver. "Understanding health information is everyone's right; improving clear health communication is everyone's responsibility."

On Friday, October 3, keynote speaker Dr. Lurie facilitated a dynamic, collaborative multidisciplinary planning session to develop a framework for establishing an Iowa center for health literacy. The center envisioned would provide education and training, resources and tools, and joint research throughout the state. Following Dr. Lurie's presentation, Gwen Ratermann of The Center for Health Policy at the University of Missouri, shared her experiences in establishing a center for health literacy in her state.



Participants from across Iowa, including representatives from health care, education, government, business, philanthropy, communication, and adult learners, brainstorm ideas in planning for an Iowa center for health literacy excellence.

Creating a Shared Vision for Health Literacy in Iowa

Over 100 participants attended from across Iowa, including representatives from health care, education, government, business, philanthropy, communication, and adult learner organizations. Following the morning presentations, participants brainstormed ideas about what a health literacy center would do, whom it would serve, and how it would operate. They continued to map out key steps to establish a center by 2010 and how to identify resources and energize stakeholders across the state.

(Cont. from page 5)

“Professionals in the health care community have long recognized that low literacy can be a barrier to quality health care and can negatively affect a person’s well-being, but the resources to address health literacy were few,” said Iowa Hospital Association Nursing & Clinical Services Director Laura Malone. “This planning session set the stage by highlighting the need for health literacy education and demonstrating the potential impact a health literacy center could have on removing barriers and improving quality.”

These successful events will be followed by the development and distribution of a white paper outlining a vision for an Iowa center for health literacy, and recommended action steps for moving forward. For more information or to get involved, contact Mary Ann Abrams at abramsma@ihs.org or Barb Savage at savageba@ihs.org.

** Mary Ann Abrams is a health management consultant at Iowa Health System and Barb Savage is the Health Literacy Project coordinator at Iowa Health System.*

New physical activity guidelines focus on individual needs

By Sarah Taylor*

Remember what happened to the food pyramid in 2005? After decades of a one-size-fits-all approach, it was altered using the latest nutrition science to reflect dietary needs based on individual age and activity level. In October, the [U.S. Department of Health and Human Services](#) took a similar approach in introducing [physical activity guidelines](#) to better suit individuals’ age and weight management criteria. In fact, public health now recommends different levels and types of physical activity for eight different groups of Americans.

“More than 29 percent of Iowans spend two hours a day watching TV, playing video games, or using a computer as leisure activity,” said Iowa Department of Public Health Director Tom Newton. “While we all need to relax, each of us also needs to make sure to get enough physical activity. With these new guidelines, every Iowan will be able to pinpoint exactly how much time he or she needs to be active.”



The new guidelines were designed so people can easily fit physical activity into their daily lives and incorporate activities they enjoy.

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New physical activity guidelines focus on individual needs

Designed so people can easily fit physical activity into their daily lives and incorporate activities they enjoy, the new comprehensive physical activity guidelines for specific groups are the following: (Cont. from page 6)

- **Children:** at least 60 or more minutes of moderate to vigorous physical activity each day. Additionally, the new guidelines encourage kids this age to maintain a balance of muscle-strengthening exercise (such as tug-of-war), aerobic movement (bike riding), and bone-strengthening activities (jumping rope).
- **Adults:** two and one half hours a week of moderate intensity aerobic activity, or one hour and 15 minutes of vigorous physical activity. Aerobic activity should be performed in episodes of at least 10 minutes.
- **Older adults:** follow the guidelines for other adults when it is within their physical capacity. If they are at risk of falling, they should also do exercises that maintain or improve balance.
- **Women during pregnancy:** at least two and one half hours of moderate-intensity aerobic activity a week for healthy women during pregnancy and the time after delivery, preferably spread throughout the week.
- **Adults with disabilities:** at least two and one half hours of moderate aerobic activity a week for those who are able. When they are not able to meet the guidelines, they should engage in regular physical activity according to their abilities and should avoid inactivity.

To learn more about how much physical activity you need (as well as recommendations for the people you serve), visit www.health.gov/paguidelines. To learn about Iowa's [plan](#) for increasing opportunities for physical activity and healthy eating for Iowans of all ages, visit www.idph.state.ia.us/iowansfitforlife.

** Sarah Taylor is the physical activity coordinator for Iowans Fit for Life.*

Nutrition education contractors named as unique social marketing effort continues

*By Katie Bogue**

As part of \$1.2 million in funding from the U.S. Department of Agriculture, 18 organizations were selected in October to deliver nutrition education to Iowa children, families, and older adults eligible for Food Assistance. Throughout the 08-09 federal fiscal year, state universities, public schools, county extension offices, local public health departments, and other organizations will conduct nutrition education in 42 communities across Iowa.

The effort is part of the Building and Strengthening Iowa Community Support for Nutrition and Physical Activity (BASICS) program. Coordinated by the Iowa Nutrition Network, BASICS contractors use the *Pick a **better***

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Nutrition education contractors named as unique social marketing effort continues

snack & **ACT** campaign to empower children and adults to choose fruits and vegetables as snacks and to be active. Last year, BASICS contractors directly reached over 20,000 elementary children with this message.

(Cont. from page 7)

BASICS program contractors not only employ conventional nutrition education methods, but also unique social marketing strategies to reach their audiences. By using principles and techniques traditionally found in the marketing of products or services, nutrition educators hope to influence healthy behaviors, such as eating fresh fruits and vegetables.

An example of a social marketing effort is taking place right now in the Des Moines metro area. Last year, the Iowa Nutrition Network began a pilot nutrition education campaign in 16 grocery stores throughout the capital city. Based on the amount of monthly Food Assistance reimbursements each store receives, the 16 stores selected for the campaign include those belonging to Hy-Vee, Dahl's, Fareway, Aldi, and Super Walmart chains.

Visitors to participating stores will encounter one or more of the following campaign components: seasonal poster stands in the produce section; bi-monthly food demonstrations promoting in-season fruit and vegetable snack recipes; and colorful recipe cards.

*Pick a **better** snack* Retail Specialist Kimberly Langel emphasized the effectiveness of the social marketing campaign. "By having food demos and giving out recipes, parents realize that their children will eat vegetables and fruits that they never thought to buy before," Langel said. "A lot of times the parents will buy the ingredients that day!"

The retail campaign has also proven to be cost-effective. Two educators can reach up to 100 individuals in a two-hour period, including the time it takes to set up and tear down the demonstration cart.

By the fall of 2009, the Iowa Nutrition Network intends to expand the grocery store-based campaign to other areas of the state. In the meantime, fruits and vegetables continue to fly off the shelves, thanks to the social marketing effort. "I decided to ask the produce manager how many bags of spinach the store had sold during the hour-and-a-half of our demo," explained *Pick a **better** snack* Retail Specialist Elizabeth Wyatt. "After checking the numbers, he informed us that 14 bags had been sold. When I asked him how many would normally sell during an afternoon such as this, he responded 'maybe two.' (My partner and I) looked at each other with wide eyes and knew that we were making a difference."

To learn more about the BASICS program, the Iowa Nutrition Network and *Pick a **better** snack* & **ACT**, visit www.idph.state.ia.us/pickabettersnack.

* Katie Bogue is the social marketing coordinator for the *Pick a **better** snack* campaign.



Signs like this greet targeted populations at the very place they make decisions that affect personal and family nutrition.

IDPH marathon team member reflects on worksite wellness

By Don McCormick*

Since she joined the Iowa Department of Public Health (IDPH) in 1995, Karla Hoover has seen a lot of changes, not just in the department but in herself. Over the last few years, IDPH has focused more on overall personal wellness, steadily adding more emphasis to health promotion and chronic disease prevention. For Karla, however, this period has had some real ups and downs.

"I was so overweight two and a half years ago, I had difficulty going up and down the stairs and lived in fear of falling," the 58-year-old [Bureau of Professional Licensure](#) clerk specialist remembers. "I had no energy, high blood pressure and cholesterol, and was told by my doctor that I was pre-diabetic." Things got worse following the death of her best friend since the age of 10. Karla was diagnosed with depression.

Since those dark days, Karla has lost 153 pounds and recently participated in the [IMT Des Moines Marathon](#). What was the turning point? One might say she was in the right work environment. A co-worker invited her to come along to a weight management support group meeting. From there, Karla's own motivation took over. But she says the support she gets at work is still important to her success and getting better all the time. "Especially in the last few years, IDPH has done a great job creating opportunities for their employees to lead healthier lifestyles," Hoover says. "There are more health-related lunch and learns, more literature available on diet and exercise, and more team-based activities like [Live Healthy Iowa](#) (our best one ever!) and the Des Moines Marathon."

On October 19, more than 100 IDPH employees participated in the IMT Des Moines Marathon. "That's 25 percent of our entire Des Moines-based IDPH staff," said IDPH Director Tom Newton. "When I mention this to my counterparts from other state health departments, they don't believe me at first. In public health, it's always good to know you're making a difference. But I never expected to see results like this in our own office!"

Most of the IDPH employees who participated in the recent marathon had done so following a challenge issued by Director Newton in August. About half of the participants walked or ran the half-marathon, while the other half ran or walked the full marathon or 5-kilometer course. Even more impressive, Newton says, is the number of employees who were first timers and those who convinced family members to join them.

For more information on worksite wellness, contact Jane Schadle at 515-281-0917 or JSchadle@idph.state.ia.us. To take advantage of one of the best team-based wellness programs in Iowa and the nation, start planning now for the 2009 Live Healthy Iowa (formerly Lighten Up Iowa) challenge starting Jan. 14. Visit www.livehealthyiowa.org for more information.



More than 100 IDPH employees, approximately 25 percent of the Des Moines-based staff, participated in the Oct. 19 IMT Des Moines Marathon.

* Don McCormick is a public information officer at IDPH.



Smokefree Air Act Team

Recently, *Focus* spoke with Aaron Swanson of the IDPH team that helps enforce the [Iowa Smokefree Air Act](#).

How do you help enforce the smoke-free air law?

The primary goal of our enforcement efforts is to help businesses and the public comply with the law. In the IDPH [Division of Tobacco Use Prevention and Control](#), we do this by focusing on education.

What does that entail?

Since the law went into effect on July 1, our team has received more than 6,900 calls and e-mails from business owners and the public. The responsibility of following up on these inquiries is shared by four people in our division, one of whom works full time on this important effort.



Mona Ubaldo answers a call to the Smokefree Air Act helpline.

What do people call or write about?

While about 20 percent of the inquiries have been related to possible violations, roughly 80 percent have been questions about how to comply with the new law. Nearly all of the answers to the questions people have can be found on our Web site, www.IowaSmokefreeAir.gov. However, some situations require additional guidance or discussion. This is an important part of achieving our mission—helping people understand how the law applies to them and their particular environment. Plus, people seem to appreciate this level of customer service.

What's on the Web site?

Before the law went into effect, we focused a lot of attention on creating a comprehensive, yet user-friendly Web site. Visitors can find free downloadable "no smoking" signs, topic-specific fact sheets, a brochure, links to the law and its accompanying administrative rules, and a portal for registering complaints about possible violations of the law. An important partner in setting up this Web site and maintaining it has been the [IDPH Bureau of Information Management](#).

How do you follow up on complaints?

We receive complaints through our Web site or through the helpline (1-888-944-2247). Next, we follow up with the person who entered the complaint to verify all the pertinent details. This is an important step because there have been cases where the complainant has misunderstood which areas are regulated by the new law. If the complaint is valid, we send a letter of potential violation to the person who has control over the area in question, such as a business owner. The purpose of this letter is to provide guidance for correcting the situation, such as drawing their attention to signage requirements. I should point out that our [local community partnership agencies](#) also play a crucial role in the education process by providing information about the law to businesses that have received their first letter of potential violation.

Smokefree Air Act Team

What if you get a second complaint?

After validating a second complaint within 12 months, we follow the same procedure as before. In addition to this second notice, however, we also contact local law enforcement to conduct a site visit to determine the nature of any potential violations. Subsequent complaints may require us to coordinate additional site visits. Again, the primary goal is voluntary compliance.

(Cont. from page 10)

Do these efforts appear to be working?

Yes. In fact, we're very pleased with the outcomes. Iowa has over 82,000 businesses with employees. Of the 1,464 complaints we've received, we've sent 357 first notices of potential violation. But what's really encouraging is that only 37 businesses have actually received a site visit from law enforcement.

Polk County selected for National Children's Study

By Rick Kozin*

Health and educational organizations in Polk County have been selected to participate in the [National Children's Study](#). Accompanied by \$11.9 million in funding for the first five years, the comprehensive [National Institutes of Health](#) investigation will look at the interaction of genes and the environment on children's health.

The study will follow a representative national sample of 100,000 children from before birth to age 21, including approximately 1,000 children from Polk County. The study will investigate factors influencing the development of such conditions as autism, cerebral palsy, learning disabilities, prematurity, diabetes, asthma and obesity.

"Although this study is a 20-year project we won't have to wait for 20 years to act on the information we gain," said [Polk County Health Department](#) Director Terri Henkels. "We will be able to use what we are learning as we learn it to guide our community health planning."

Entities involved in recruitment, data collection and other study aspects will include the Polk County Health Department, [Iowa Health – Des Moines](#), [Mercy Medical Center](#) in Des Moines, [Broadlawns Medical Center](#), [Des Moines University](#) and [Visiting Nurse Services](#). The [University of Iowa](#) will provide overall coordination and representation to the study's national committees. In addition, the [National Opinion Research Center](#), based at the University of Chicago, and school nurses in Polk County will be involved in the effort.

"Iowa has a long history of providing exemplary care and education for its infants and children through public health and point-of-care medicine," said

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Dr. Jeff Murray, the study's principal investigator and professor with the University of Iowa's [Carver College of Medicine](#). "This study will enable us to help continue that ethic."

(Cont. from page 11)

The selection of the state's most populous county will help provide insight into the effects of exposure to agricultural activities and livestock as well as public or private water sources. It will allow for the inclusion of people who have migrated from distant parts of the globe.

Authorized by Congress in the [Children's Health Act of 2000](#), the National Children's Study is being conducted by a consortium of federal agencies, including the [Eunice Kennedy Shriver National Institute of Child Health and Human Development](#), the [National Institute of Environmental Health Sciences](#), the [Centers for Disease Control and Prevention](#), and the [U.S. Environmental Protection Agency](#). For more information about the National Children's Study, visit www.nationalchildrensstudy.gov.

** Rick Kozin is the public information officer at the Polk County Health Department.*

Hygienic Lab helps validate new rapid influenza test

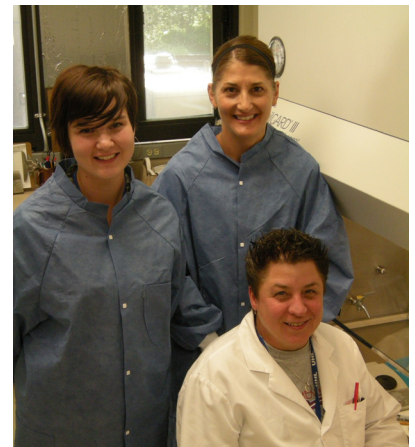
By Pat Blake*

The [University Hygienic Laboratory](#) (UHL) was one of six public health laboratories in the nation to participate in the validation of a new test recently approved by the [U.S. Food and Drug Administration](#) (FDA). The test is for the rapid detection of influenza virus and cuts the analysis time from days to hours. It can detect and identify commonly circulating human influenza viruses as well as avian influenza A (H5N1), often referred to as "bird flu."

"Time is a critical factor in virus detection," said UHL Director Christopher Atchison. "If Iowa were to face a pandemic of influenza, it would be crucial for us to rapidly test for the virus in order to stop its spread."

For the past two years, UHL has worked with the [Centers for Disease Control and Prevention](#) (CDC) and the [Association of Public Health Laboratories](#) to measure the effectiveness of the method. The new test uses polymerase chain reaction (PCR) to make up to one billion copies of a specific influenza virus gene to make a diagnosis in a matter of hours compared to a virus culture, which can take days.

The FDA's clearance of the test will now allow CDC's PCR reagents to be distributed to qualified laboratories for diagnosing influenza using an instrument that was concurrently cleared by the FDA. This should help to ensure the accuracy of influenza test results among the different laboratories that conduct sophisticated influenza testing.



UHL team members who worked on the new influenza test include Robin Volk (seated), health laboratory scientist; Lauren Thomann (left), student public health microbiologist; and Trisha Kreman, health laboratory scientist.

Hygienic Lab helps validate new rapid influenza test

(Cont. from page 12)

"The UHL has a long history of influenza testing where we have utilized traditional viral culture, and we added molecular methods three years ago," said Lucy DesJardin, UHL program manager of molecular research and development. "The expertise of our staff positioned UHL to participate in the test validation process. We also have partnered with the Iowa Department of Public Health for years on influenza surveillance and awareness activities, so we have a strong foundation."

The work conducted by Iowa's Hygienic Laboratory helps to advance rapid disease detection, which in turn can reduce suffering and transmission of influenza. Other public health laboratories that conducted clinical trials of the new PCR test include the CDC and state laboratories in California, Massachusetts, Washington and Wisconsin.

For more information about UHL, its programs and services, visit www.uhl.uiowa.edu.

** Pat Blake is public information officer for the University Hygienic Lab.*

3rd Rebalancing Health Care in the Heartland, Dec. 4

The future of health care is consistently ranked as one of the most important public concerns. Iowans share this concern because, although Iowa is regularly ranked as one of the healthiest and best served states in the country, health care affordability, access and quality remain variable. In recognition of this concern, Iowa adopted comprehensive [health care reform legislation](#) during the spring 2008 session of the General Assembly. Already, [advisory bodies](#) have been established to further investigate and recommend future policy addressing coverage, service integration, information, quality and workforce.

This new environment makes this year's [Rebalancing Health Care in the Heartland](#) policy conference especially important. The third annual gathering, sponsored by the [University of Iowa's colleges of health science](#), is being planned in conjunction with state policymakers and leaders and will feature presentations by many of those leading our state's health reform efforts. In addition, [Dr. Ed Schor](#), vice president of the [Commonwealth Fund](#) and former medical director for Maternal and Child Health Services at the Iowa Department of Public Health, will give an overview of the post-election environment for health system change. For more information, visit www.rebalancinghealthcare.org.



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